

<i>SERFF Tracking Number:</i>	<i>SFMA-125291070</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026109</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability &amp; Non- Liability</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
<i>Product Name:</i>	<i>ML-22531</i>		
<i>Project Name/Number:</i>	<i>ML-22531/ML-22531</i>		

## Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: ML-22531	SERFF Tr Num: SFMA-125291070	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: AR-PC-07-026109
Sub-TOI: 05.0002 Businessowners	Co Tr Num:	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Jim Gallagher, Ethel Gordon	Disposition Date: 09/20/2007
	Date Submitted: 09/17/2007	Disposition Status: Approved
Effective Date Requested (New): 01/15/2008		Effective Date (New): 01/15/2008
Effective Date Requested (Renewal): 03/15/2008		Effective Date (Renewal): 03/15/2008

## General Information

Project Name: ML-22531	Status of Filing in Domicile: Authorized
Project Number: ML-22531	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/20/2007	
State Status Changed: 09/17/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We respectfully request your approval of endorsement FE-6855 Food Contamination. This endorsement will be attached to our food service related exposures. This endorsement is a coverage enhancement for no additional premium charge.

FE-6855 Food Contamination provides an extension of coverage for business income, direct damages and additional advertising expenses if your business is ordered closed by the Board of Health or any other governmental authority as a result of food contamination.

SERFF Tracking Number: SFMA-125291070 State: Arkansas

Filing Company: State Farm Fire and Casualty Company State Tracking Number: AR-PC-07-026109

Company Tracking Number:

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: ML-22531

Project Name/Number: ML-22531/ML-22531

FE-6855 will be available for use in the following policy forms: FP-6103 Business Policy, FP-6105 Church Policy, FP-6107 Apartment Policy, FP-6109 Condominium Policy, and FP-6100 Contractors Policy.

## Company and Contact

### Filing Contact Information

Nate Gross, nathan.gross.aiqq@statefarm.com  
 One State Farm Plaza (309) 766-3003 [Phone]  
 Bloomington, IL 61710 (309) 766-0225[FAX]

### Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing x 1 filing = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	09/17/2007	15651243

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

State: *Arkansas*

State Tracking Number: AR-PC-07-026109

TOI:	05.0 Commercial Multi-Peril - Liability & Non-	Sub-TOI:	05.0002 Businessowners
	Liability		

Project Name/Number: ML-22531/ML-22531

## Dispositions

Created by SERFF on 09/20/2007 04:00 PM

State: *Arkansas*

State Tracking Number: AR-PC-07-026109

05.0002 *Businessowners*

Project Name/Number: ML-22531/ML-22531

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Food Contamination Endorsement	Approved	Yes

SERFF Tracking Number: SFMA-125291070 State: Arkansas

Filing Company: State Farm Fire and Casualty Company State Tracking Number: AR-PC-07-026109

Company Tracking Number:

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: ML-22531

Project Name/Number: ML-22531/ML-22531

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Food Contamination Endorsement	FE-6855		Endorsement/New Amendment/Conditions		0.00	FE-6855.pdf

## FOOD CONTAMINATION

### SECTION I - EXTENSIONS OF COVERAGE

The following is added:

#### Food Contamination

1. If your business at the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination, we will pay:
  - a. your expense to clean your equipment as required by the Board of Health or any other governmental authority;
  - b. your cost to replace the food which is, or is suspected to be, contaminated;
  - c. your expense to provide necessary medical tests or vaccinations for your infected employees. However, we will not pay for any expense that is otherwise covered under a Workers' Compensation Policy;
  - d. the loss of "business income" you sustain due to the necessary suspension of your "operations". The coverage for "business income" will begin 24 hours after you receive notice of closing from the Board of Health or any other governmental authority; and
  - e. additional advertising expenses you incur to restore your reputation.
2. The most we will pay for all loss under paragraphs 1.a. through 1.d., including "business income", is \$10,000. This limit will apply separately to each location scheduled in the Declarations.

The most we will pay for all loss under paragraph 1.e. is \$3,000. This limit will apply separately to each location scheduled in the Declarations.
3. We will not pay any fines or penalties levied against you by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination at the described premises.

With respect to this endorsement:

1. Food contamination means an incidence of food poisoning to one or more of your customers as a result of:
  - a. tainted food you purchased;
  - b. food which has been improperly stored, handled or prepared; or
  - c. a communicable disease transmitted through one or more of your employees.
2. No deductible will apply to the coverage provided by this endorsement.

All other policy provisions apply.

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	<i>Liability</i>		
<i>Product Name:</i>	<i>ML-22531</i>		
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## Rate Information

Rate data does NOT apply to filing.



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Company Tracking Number:  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: ML-22531  
Project Name/Number: ML-22531/ML-22531

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**  
Approved 09/20/2007

**Comments:**  
**Attachment:**  
AR 22531 PC TD-1 - P-C Transmittal Document.pdf

## Property &amp; Casualty Transmittal Document

Arkansas


**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>			
State Farm Insurance Companies	0176			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

<b>5. Company Tracking Number</b>	<b>ML-22531</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director and Assistant Secretary- Treasurer	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas W. Monson		

**Filing information** (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	05.0
10.	Sub-Type of Insurance (Sub-TOI)	05.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Commercial Multi-Peril
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14.	Effective Date(s) Requested	January 15, 2008 for new business and March 15, 2008 for renewals.
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	September 14, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>ML-22531</b>
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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FE-6855 will be available for use in the following policy forms: FP-6103 Business Policy, FP-6105 Church Policy, FP-6107 Apartment Policy, FP-6109 Condominium Policy, and FP-6100 Contractors Policy.

We request your approval of this filing to be effective January 15, 2008 for new business and March 15, 2008 for renewals.

In compliance with your retaliatory law, attached is a filing fee of \$50, the amount required in Illinois which is our state of domicile.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #: Submitted via EFT</b> <b>Amount: \$50.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)